



IAP6 Rec'd PCT/PTO 10 APR 2007

PCF
JFW
Patent

Attorney Docket No. 1009682-000146

THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	MAIL STOP AMENDMENT
Keiichi Ohashi et al.)	
Application No.: 10/527,807)	Group Art Unit: 3762
Filing Date: March 14, 2005)	Examiner: JOSEPH A STOKLOSA
Title: POTENTIAL THERAPEUTIC DEVICE)	Confirmation No.: 6390
)	
)	
)	
)	

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is enclosed.
- ☐ _____ Terminal Disclaimer(s) and the ☐ \$ 65 ☐ \$ 130 fee per Disclaimer due under 37 C.F.R. § 1.20(d) are enclosed.
- ☐ Also enclosed is/are: _____
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$ 395 ☐ \$ 790 fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) requests that any previously unentered after final amendments not be entered. Continued examination is requested based on the enclosed documents identified above.
- ☐ Applicant(s) previously submitted _____ on _____ for which continued examination is requested.
- ☐ Applicant(s) requests suspension of action by the Office until at least _____, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.

- ☐ No additional claim fee is required.
- ☒ An additional claim fee is required, and is calculated as shown below:

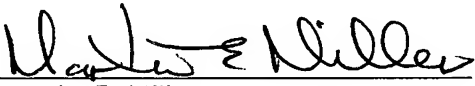
AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	18	20	0	x \$ 50 (1202)	\$ 0
Independent Claims	4	3	1	x \$ 200 (1201)	200
<input type="checkbox"/> If Amendment adds multiple dependent claims, add \$ 360 (1203)					\$ 0
Total Claim Amendment Fee					\$ 200
<input checked="" type="checkbox"/> Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee					100
TOTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT					\$ 100

- ☐ Charge _____ to Deposit Account No. 02-4800 for the fee due.
- ☐ A check in the amount of _____ is enclosed for the fee due.
- ☒ Charge 100.00 to credit card for the fee due. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BUCHANAN INGERSOLL & ROONEY PC

Date April 10, 2007

By: 
Martin E. Miller
Registration No. 56022

P.O. Box 1404
Alexandria, VA 22313-1404
703 836 6620

04/12/2007 MKAYPAGH 00000132 10527807

01 FC:2614

100.00 OP